Employer:

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1	If the answer is "no," state the date of last employment and the amount of the gross and net
2	salary and wages per month which you received. (If you are imprisoned, specify the last
3	place of employment prior to imprisonment.)
4	CALOR READY TEMP AGENCY:
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7	2. Have you received, within the past twelve (12) months, any money from any of the
8	following sources:
9	a. Business, Profession or Yes No
10	self employment
1	b. Income from stocks, bonds, Yes No
12	or royalties?
13	c. Rent payments? Yes No _/
۱4	d. Pensions, annuities, or Yes No
15	life insurance payments?
16	e. Federal or State welfare payments, Yes No
١7	Social Security or other govern-
18	ment source?
9	If the answer is "yes" to any of the above, describe each source of money and state the amount
20	received from each.
21	UES-881-410,800-0- st the manger increased
22	
23	3. Are you married? Yes No
24	Spouse's Full Name:
25	Spouse's Place of Employment:
26	Spouse's Monthly Salary, Wages or Income:
27	Gross \$ Net \$
28	4. a. List amount you contribute to your spouse's support:\$

1	b. List the persons other than your spouse who are dependent upon you for
2	support and indicate how much you contribute toward their support. (NOTE:
3	For minor children, list only their initials and ages. DO NOT INCLUDE
4	THEIR NAMES.).
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7	5. Do you own or are you buying a home? Yes No
8	Estimated Market Value: \$ Amount of Mortgage: \$
9	6. Do you own an automobile? Yes No
10	Make Year Model
11	Is it financed? Yes No If so, Total due: \$
12	Monthly Payment: \$
13	7. Do you have a bank account? Yes No (Do not include account numbers.)
14	Name(s) and address(es) of bank: WELLS FARCO - WAIN BRAWN ON
15	makket SAN TOXE. 9/16000
16	Present balance(s): \$ \(\begin{array}{c} \begin{array}{c} \end{array} \\ \end{array}
17	Do you own any cash? Yes No _ / Amount: \$
18	Do you have any other assets? (If "yes," provide a description of each asset and its estimated
19	market value.) Yes No
20	
21	8. What are your monthly expenses?
22	Rent: \$ Utilities: O
23	Food: \$ Clothing:
24	Charge Accounts:
25	Name of Account Monthly Payment Total Owed on This Acct.
26	s S
27	\$\$
28	\$

1.	you have any other debts? (List current obligations, indicating amounts and to whom they are
2	payable. Do <u>not</u> include account numbers.)
3	<u> </u>
4	
5	10. Does the complaint which you are seeking to file raise claims that have been presented
6	in other lawsuits? Yes No
7	Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
8	which they were filed.
9	 V [7]
10	
11	I consent to prison officials withdrawing from my trust account and paying to the court
12	the initial partial filing fee and all installment payments required by the court.
13	I declare under the penalty of perjury that the foregoing is true and correct and
14 15	understand that a false statement herein may result in the dismissal of my claims.
16	2-23-08 Shuder W. Sounds
17	DATE SIGNATURE OF APPLICANT
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2	Case Number: 0289 1995
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8	CERTIFICATE OF FUNDS
9	IN
10	PRISONER'S ACCOUNT
11	
12	I certify that attached hereto is a true and correct copy of the prisoner's trust account
13	statement showing transactions of for the last six months
14	at .
15	[prisoner name]
16	where (s)he is confined.
17	[name of institution]
18	I further certify that the average deposits each month to this prisoner's account for the
19	most recent 6-month period were \$ and the average balance in the prisoner
20	account each month for the most recent 6-month period was \$
21	
22	Dated:
23	[Authorized officer of the institution]
24	
25	
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